



QUALIFYING EVENT NOTIFICATION FORM

Group Information																																	
Group Name:					Group ID#:																												
Employee Information (Please Print)					SelectAccount ID #																												
Last Name		First Name		Middle Initial	S	A																											
Street Address					Social Security # (if SA# is not known)																												
City					Daytime Phone #																												
Qualifying Event Information																																	
<p>I have experienced a change in status as indicated below. The effective date of change is: _____ <small>(You have a limited time period to submit this change. Discuss with your benefits department to determine the time period.)</small></p> <p>Change affects: <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent</p>																																	
<p>1. Employment Status Change</p> <p><input type="checkbox"/> Termination of employment <input type="checkbox"/> Full-time to Part-time <input type="checkbox"/> Leave of Absence (unpaid)</p> <p><input type="checkbox"/> Commencement of employment <input type="checkbox"/> Part-time to Full-time</p> <p><input type="checkbox"/> Continuation through COBRA (for Medical Expense Reimbursement Only)</p>																																	
<p>2. Marital Status Change</p> <p><input type="checkbox"/> Marriage <input type="checkbox"/> Legal Separation <input type="checkbox"/> Divorce <input type="checkbox"/> Widowed</p>																																	
<p>3. Dependent Status Change</p> <p><input type="checkbox"/> Birth <input type="checkbox"/> Adoption <input type="checkbox"/> Death</p>																																	
<p>4. <input type="checkbox"/> Other: _____</p>																																	
<p>Due to the Qualifying Event indicated above, I am requesting that my SelectAccount enrollment for this plan year be changed. <small>(Election amounts cannot be lowered if your employee (self) is terminating employment)</small></p> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:30%;"></th> <th style="width:35%; text-align: center;">Current Annual Election</th> <th style="width:35%; text-align: center;">Current Per Pay Period Deduction Amount</th> </tr> </thead> <tbody> <tr> <td>From: <input type="checkbox"/> Medical Expense</td> <td style="text-align: center;">\$ _____</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td> <input type="checkbox"/> Dependent/Day Care Expense</td> <td style="text-align: center;">\$ _____</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td> <input type="checkbox"/> Premium Reimbursement Expense</td> <td style="text-align: center;">\$ _____</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td></td> <th style="text-align: center;">New Annual Election</th> <th style="text-align: center;">New Per Pay Period Deduction Amount</th> </tr> <tr> <td>To: <input type="checkbox"/> Medical Expense</td> <td style="text-align: center;">\$ _____</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td> <input type="checkbox"/> Dependent/Day Care Expense</td> <td style="text-align: center;">\$ _____</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td> <input type="checkbox"/> Premium Reimbursement Expense</td> <td style="text-align: center;">\$ _____</td> <td style="text-align: center;">\$ _____</td> </tr> </tbody> </table> <p>Groups who submit onfile payroll information must update their onfile payroll worksheet accordingly.</p>											Current Annual Election	Current Per Pay Period Deduction Amount	From: <input type="checkbox"/> Medical Expense	\$ _____	\$ _____	<input type="checkbox"/> Dependent/Day Care Expense	\$ _____	\$ _____	<input type="checkbox"/> Premium Reimbursement Expense	\$ _____	\$ _____		New Annual Election	New Per Pay Period Deduction Amount	To: <input type="checkbox"/> Medical Expense	\$ _____	\$ _____	<input type="checkbox"/> Dependent/Day Care Expense	\$ _____	\$ _____	<input type="checkbox"/> Premium Reimbursement Expense	\$ _____	\$ _____
	Current Annual Election	Current Per Pay Period Deduction Amount																															
From: <input type="checkbox"/> Medical Expense	\$ _____	\$ _____																															
<input type="checkbox"/> Dependent/Day Care Expense	\$ _____	\$ _____																															
<input type="checkbox"/> Premium Reimbursement Expense	\$ _____	\$ _____																															
	New Annual Election	New Per Pay Period Deduction Amount																															
To: <input type="checkbox"/> Medical Expense	\$ _____	\$ _____																															
<input type="checkbox"/> Dependent/Day Care Expense	\$ _____	\$ _____																															
<input type="checkbox"/> Premium Reimbursement Expense	\$ _____	\$ _____																															
Employee Signature - Not required for terminating employees (self)																																	
I certify that the status change as noted above has occurred. I authorize that my enrollment records be changed or cancelled as requested.																																	
Employee's Signature _____			Print Name _____			Date _____																											
Group Signature																																	
Group Signature _____						Date _____																											

Questions? Call Group Leader Services at (651) 662-2320 or 1-888-460-4013.

Send via secured email only:
 SelectAccount.documents
 @SelectAccount.com

Fax to:
 651-662-7247
 866-231-0214

Mail to:
 P.O. Box 64193
 St. Paul, MN 55164-0193